

Risk Analysis (RA)

(Required for all RMT field projects.)

EPA Region 5 Records Ctr.



358850

1. General Information

Business Unit: ☒ Environmental Consulting, Construction, or Remediation
☐ SmartBurn™

Client Name: Weyerhaeuser Company Project #: 5130.03 Task #:

Project Name: Plainwell Mill Banks Emergency Action Project Manager: Jim Hutchens

Street Address: 200 Allegan Street City, State, ZIP Plainwell, MI 49080

Prepared By: Kevin Kyrias-Gann Date: August 27, 2007

Approved By: _____ (PM) Approved By: _____ (HSC)
Jim Hutchens Tim Petrick

Date: _____ Date: _____

Proposed Date(s) of Work: 9/15/07 through 11/15/07

Proposed Scope of Work On Site:

To prevent, abate or minimize the release of hazardous substances from the Plainwell Mill property. Work will include excavating or containing paper residuals that are present in the floodplain and bank areas near the river along the former Plainwell Mill, the reshaping of bank in those locations, and possible construction of erosion controls to minimize bank undercutting. These banks areas are part of the Kalamazoo River Operable Unit of the Kalamazoo River Superfund Site.

RMT Role(s) On Site:

☐ RMT Staff Will Not Be On Site (RA is for subcontractor information only)

☒ Resident Project Representative (e.g., RPR, "Observe and Document")

☒ Construction Manager (e.g., CM, Managing/General Contractor)

☐ Representative for Client (e.g., "Agent for Owner")

☒ General On-site Consulting/Engineering Services

☒ Other

☒ Soil Sampling

☐ Solid Waste Sampling

☐ Liquid Waste Sampling

☐ Groundwater Sampling

☒ Surface Water Sampling

☒ Wastewater Sampling

☒ Sediment Sampling

☐ Surveying

☐

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Major Project Tasks	RMT Task	Subcontractor Task	Minimum PPE Level Required see HSP for details (suggested levels for Subcontractor work)					
			<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
1. Clearing and Grubbing the work areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
2. Placing silt curtains in the river along the banks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
3. Excavating soil/sediment/residuals from the banks and floodplain areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
4. Reworking excavated banks and placing fill/rip-rap as necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
5. Sampling excavation areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
6. Placing monitoring equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
7. Sampling surface water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
8. Decontaminating trucks/equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
9. Transporting excavated soil/sediment/residuals to the dewatering pad or off-site disposal facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
10. Spotter for excavation equipment used around high voltage wires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
11. Observe and Document	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
12. Sampling the wastewater treatment system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
13. Plugging abandoned outfall structures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
14. Performing outfall investigations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A	

2. Contingency Planning

LOCAL EMERGENCY RESOURCES:			
Ambulance: 911		Emergency Room: 911	
Police: 911		Fire Department: 911	
USEPA Contact: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Sam Chummar:		Poison Control Center: 1-800-222-1222	
		<input type="checkbox"/> Specify:	
Other (client services offered, etc.):			

SITE RESOURCES:			
Drinking Water Supply	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client

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SITE RESOURCES:			
Wash Water Supply	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client
Telephone – Land Line		<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client
Telephone - Cellular	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	
First Aid Kit	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	
Fire Extinguisher	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client
Emergency Shower	<input type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client
Eye Wash	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client
Other: Class 4 PFDs (Throwable floatation devices), 2 per work zone.	<input checked="" type="checkbox"/> RMT	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Client

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EMERGENCY CONTACTS:	
RMT Technical Contact:	Nathan Weber 262/879-1212, ext. 5641 (work) 262/501-6865 (cell)
RMT Project Manager (PM):	Jim Hutchens 262/879-1212, ext. 5616 (work) 414/687-2428 (cell)
RMT Corporate Health & Safety Manager (CHSM): - Confined Space Permits - Air Monitoring Plans - Scaffolding Permits - Demolition Plan Approval	Jason Chevallard 864/234-9369 (work) 864/525-8357 (cell)
Radiation Safety Officer (RSO):	John Hanson 608/662-5238 (work) 608/220-2502 (cell - emergency only) 608/222-4588 (home - emergency only)
RMT Health & Safety Coordinator (HSC): - Excavation Permits - Hot Work Permits - Lockout/Tagout Permits - Traffic Control Plan Approval - Lighting Plan Approval	Tim Petrick 262/879-1212 (work) 414/858-2414 (home) 414/840-1908 (cell)
RMT Field Contact:	Jennifer Overvoorde 616/975-5415 (work) ext. 1410 616/915-3685 (cell)
Contractor Contact:	Dave Pratt 616/975-5415 (work) 317/490-2874 (cell)
Client Contact:	Jennifer Hale 253/924-3746 (work) 253/218-5147 (cell)

Emergency Route (provide detailed directions and/or attach a map):

The emergency route should be driven at least once before fieldwork begins, to verify that the planned route is feasible. Hospitals or clinics identified for emergency medical care should also be contacted, to verify that emergency care is provided at that location. Verify the exact location of the medical facility during this call.

Hospital: Borgess Pipp Hospital

Other:

411 Naomi Street

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Plainwell, MI 49080

(269) 226-4815

Emergency Procedures:

If an emergency develops at the site, the first responder should take the following course of action:

- Notify the proper emergency services for assistance.
- Notify other personnel at the site.
- As soon as possible, contact the RMT Incident Reporting Operator to inform them of the incident.
- Prepare a summary report of the incident for the client representative as required.

Emergency Equipment Required On Site:

- | | |
|--|---|
| <input checked="" type="checkbox"/> First Aid Kit | <input checked="" type="checkbox"/> Fire Extinguisher |
| <input checked="" type="checkbox"/> Emergency Eye Wash | <input type="checkbox"/> Spill Control Media |
| <input type="checkbox"/> Emergency Shower | <input checked="" type="checkbox"/> Class 4 Throwable PFDs; 2 per work zone |
| | Spill containment kit/equipment |

Investigation of Near Miss Incident and Initial Report of Incident/Exposure:

RMT employees are required to report any incident, near miss, or injury, as soon as possible, by contacting the following:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> RMT Incident Report Operator
(864) 234-9369 | <input checked="" type="checkbox"/> Notify supervisor | <input checked="" type="checkbox"/> Notify project manager |
| <input type="checkbox"/> Notify client
(name):
(phone number) | <input type="checkbox"/> Complete client report: | |

The incident report submittal operator will obtain the necessary information from the employee and enter the information into the H&S incident database. All appropriate H&S, HR, and legal staff will be notified and will follow up as necessary.

Note: Pursuant to RMT's "Drug and Substance Abuse" policy (#45), RMT may require employees or subcontractors to be tested upon reasonable suspicion, following accidents or incidents during work activities, or during travel to or from a project site. Client policies may be more stringent in regard to procedures following an accident. Project managers must be aware of these and inform employees and subcontractors of any additional requirements.

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3. Site Classification

Identification of Potential Hazards		YES	NO	SITE TYPE ⁽¹⁾
1.	Is the work a Phase I ESA (i.e., supervised plant walk-through, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
2.	Is the work being performed solely by a subcontractor (i.e., RMT not on site)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
3.	Is the work just a supervised inspection for process evaluation, other inspections, meetings, records review, or a tour?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
4.*	Is the work completely absent any chemical, physical, biological, or radiological hazards which would require a site specific health and safety plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
5.	Does the work include any mandatory client H&S requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, or 3
6.	Does the project include on-site work other than office type areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
7.	Does the proposed work scope involve any of the following:			
	Known and controlled chemical or biological hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
	Unprotected work at elevation (fall protection required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
	Invasive activities (i.e., Phase II ESA, UST Removal, sampling, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Exposure to ionizing radiation (i.e., using nuclear gauges, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	Open excavations/trenches (competent person may be required on site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Confined space entry (permit may be required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	The use of scaffolding (qualified inspections are required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	Heavy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Facility maintenance (O&M, piping, electrical, lockout/tagout, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Underground utilities may be encountered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Overhead utilities may be encountered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 or 3
	Stack testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	Geotechnical drilling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	Demolition Activities with known or suspected contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 or 3
	Unknown or uncontrolled chemical or biological hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
	Known and uncontrolled chemical or biological hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
	Waste sampling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
	Construction activities with known or suspected contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
	Remedial activities (RCRA, CERCLA, EnviroBlend®, Oxigent, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
8.	Is the work regulated by 29 CFR 1910.120 (OSHA) or 30 CFR (MSHA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
9.	Is the work regulated by NPL, CERCLA, RCRA, TSD, or SARA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3

⁽¹⁾ Denotes typical site level (based on activities).

Site Type Designation:

- ☐ **Type 1** Known and controlled hazards associated with consulting/engineering services
- ☐ **Type 2** Known and controlled hazards, but with invasive, hazardous activities and/or civil/mechanical construction related services, or sampling
- ☒ **Type 3** Unknown and/or uncontrolled hazards associated with corrective action clean-up, and/or remediation of hazardous substances

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4. Site Characterization

Client Requirement(s) ¹ :	<input type="checkbox"/> None	<input type="checkbox"/> Site Orientation	<input checked="" type="checkbox"/> H&S Orientation
	<input type="checkbox"/> Permits or Other Requirements (specify and attach, if available):		
Site Information:	<input checked="" type="checkbox"/> Map/Diagram (attach)	<input type="checkbox"/> Map/Diagram Unavailable	
	<input checked="" type="checkbox"/> Inactive Site	<input type="checkbox"/> Active Site (specify below)	
General Environmental Concerns:	<input checked="" type="checkbox"/> Contaminated Water	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Dust
	<input checked="" type="checkbox"/> Contaminated Soil	<input checked="" type="checkbox"/> Solid Waste	<input type="checkbox"/> Noise
	<input type="checkbox"/> Contaminated Air	<input checked="" type="checkbox"/> Waterways	<input type="checkbox"/> Other:
Site Security/Access Control:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> On Site	
	<input checked="" type="checkbox"/> Other (explain): Fencing on east, west and south sides of facility.		
Amenities Available for Work:	<input type="checkbox"/> None	<input type="checkbox"/> Waste Storage	<input checked="" type="checkbox"/> Restrooms
	<input checked="" type="checkbox"/> Tools/Equipment Storage	<input checked="" type="checkbox"/> Office/Trailer	<input checked="" type="checkbox"/> Supplies Storage Space
Utilities Available For Work:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> As Listed: City water	
Medical Services Available:	<input checked="" type="checkbox"/> None On Site	<input type="checkbox"/> As Listed:	
Facility Alarms/Signals:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> As Listed:	
Traffic/Parking/Railway Issues:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> As Listed (On-Site/Off-Site):	
<input checked="" type="checkbox"/> Permits Required (specify) ² :	<input type="checkbox"/> RMT:	<input type="checkbox"/> Local:	<input checked="" type="checkbox"/> State: NPDES
	<input checked="" type="checkbox"/> Federal: USACE	<input type="checkbox"/> Other:	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Utility Locate Service(s):	<input checked="" type="checkbox"/> On Site	<input type="checkbox"/> Client	<input checked="" type="checkbox"/> Consumers Power approval
	<input type="checkbox"/> Off Site	<input type="checkbox"/> Diggers Hotline	<input type="checkbox"/> One Call
		<input type="checkbox"/> Julie, Inc.	<input type="checkbox"/> N/A

¹ If relying on the client for any specific hazard identification and control, implemented control and effectiveness should be documented prior to beginning any work activities. This is recommended for all field projects.

² Permit examples: Utilities (electrical, water, gas, etc.); Excavations; Explosives; Cranes; Burning; Fuel storage; Traffic control; Hoists; Cutting; Welding; Demolition; Confined space; Restricted access areas; etc.

Detailed Physical Description of Site/Facility: ☒ Map/Diagram Attached

Site Activities/Current Operations: ☒ None ☐ As Specified:

Other Concurrent Site Activities, Work, and/or Other Adjacent Hazards or Concerns:

- ☐ None As Specified:
- | | | | |
|---|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Daycare | <input type="checkbox"/> Hospital | <input type="checkbox"/> Airport |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Offices | <input type="checkbox"/> Shopping | <input checked="" type="checkbox"/> On going TCRA work |

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4. Hazard Evaluation

Potential Chemical, Biological, or Radiological Hazards

Complete ⁽¹⁾ Substance Name (be specific)	Specific Applicable OSHA Standard (if any)	Physical State ⁽²⁾ (S, L, G, Aq, Vap, F, P)	Max. ⁽³⁾ Conc. Level Per Physical State	Potential Routes of Exposure ⁽⁴⁾ (Inh, Ing, Abs, Con, Ext)	Warning Properties (G, P, N)	General ⁽⁵⁾ Control Measures (Eng., Admin., PPE)	IP ⁽⁶⁾ (eV)	VP ⁽⁶⁾ (mm HG)	LEL ⁽⁶⁾ (%)	UEL ⁽⁶⁾ (%)	IDLH ⁽⁷⁾	ACGIH TLV (C, ST, TWA) ⁽⁸⁾ (R) or (T) ⁽⁹⁾	OSHA PEL (C, ST, TWA) ⁽⁸⁾ (R) or (T) ⁽⁹⁾
PCB Mixture	NA	S	74.0	Inh, Ing, Abs, Con	G	PPE	na	0.001	na	na	5 mg/m3	1 mg/m3	1 mg/m3

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Potential Chemical, Biological, or Radiological Hazards

Complete ⁽¹⁾ Substance Name (be specific)	Specific Applicable OSHA Standard (if any)	Physical State ⁽²⁾ (S, L, G, Aq, Vap, F, P)	Max. ⁽³⁾ Conc. Level Per Physical State	Potential Routes of Exposure ⁽⁴⁾ (Inh, Ing, Abs, Con, Ext)	Warning Properties (G, P, N)	General ⁽⁵⁾ Control Measures (Eng., Admin., PPE)	IP ⁽⁶⁾ (eV)	VP ⁽⁶⁾ (mm HG)	LEL ⁽⁶⁾ (%)	UEL ⁽⁶⁾ (%)	IDLH ⁽⁷⁾	ACGIH TLV (C, ST, TWA) ⁽⁸⁾ (R) or (T) ⁽⁹⁾	OSHA PEL (C, ST, TWA) ⁽⁸⁾ (R) or (T) ⁽⁹⁾

(1) Use OSHA regulated name, not elemental forms. If available, attach MSDS. Identify any sample preservative or O&M chemicals or subcontractor chemicals in this table also.

(2) S = Solids, L = Liquid, G = Gas, Aq = Aqueous, Vap = Vapor, F = Fume, P = Airborne Particulate

(3) If available, attach laboratory results or summary tables.

(4) Inh = Inhalation Hazard, Ing = Ingestion Hazard, Abs = Absorption Hazard, Con = Contact Hazard, Ext = External Exposure Hazard

(5) See the following sections for detailed control measures: personal protection equipment (PPE), Air Monitoring (Admin), or Site Control (Admin and Eng.).

(6) IP = Ionization Potential, VP = Vapor Pressure, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit, N/A = Not Applicable, N.D. = Not Determined

(7) IDLH = Immediately Dangerous to Life and Health. NEVER enter IDLH conditions on site without proper respiratory protection.

(8) C = Ceiling Value, ST = Short-Term Exposure Limit, TWA = Time-Weighted Average, None Est. = None Established

(9) R = Respirable Limit, T = Total Limit

(10) Warning Properties: Good (G), Poor (P), None (N)

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4. Hazard Evaluation (continued)

Site Specific Physical Hazards

HAZARD	SPECIFIC CONTROL MEASURE
Near-Water Activities	<p>The emergency response actions will be performed on the banks of the Kalamazoo River along the former Plainwell Mill property. Near-water activities include:</p> <ul style="list-style-type: none"> • installation of a silt curtains, • clearing and grubbing the work zones, • Outfall investigations • excavating paper residuals/sediment from along the banks and related work (i.e. confirmation sampling, silt curtain inspections, etc). <p>When conducting work on or near water (i.e. if a drowning hazard exists), the following must be observed:</p> <ul style="list-style-type: none"> • All employees must be wearing a USCG-approved Type 1 or 2 personal flotation device (PFD), • Two USCG-approved type 4 throwable PFDs with at least 90 feet of retrieval line must be stationed along the river in every work zone. • The buddy system must be used at all times • Employees will have access to a communication device (i.e. walkie talkie, cell phone, etc). <p>Additionally, if working in water employees will wear waders. Before any in water activities, the HSR will assess the condition of the river to ensure proper precautions are taken; if conditions are not safe, the activities will be modified as necessary to ensure employee safety.</p>
Utilities	<p>Overhead high voltage powerlines run along the entire length of the banks on the former plainwell mill property. These lines can not be shielded. Overhead powerlines must be considered before performing any work on the banks using heavy equipment. All heavy equipment must remain greater than 15 feet from powerlines at all times. A spotter will be used to help guide equipment under powerlines.</p> <p>RMT will coordinate locating and marking all utilities on site.</p>
Tree Cutting	<p>Activities will take place during clearing and grubbing of the site. All employees not involved in clearing and grubbing should stay clear of the area and wear site required PPE. Consumers Power has reviewed the site and given approval for clearing and grubbing around powerlines to be performed by RMT subcontractors.</p>

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Site Specific Physical Hazards

HAZARD	SPECIFIC CONTROL MEASURE
Heavy Lifting	<p>Before lifting, plan out your route to ensure the path is clear and avoid awkward maneuvers during the lift; if lifting with another person make sure you coordinate and agree on the lifting plan. To lift, bend at your knees and keep your back straight, make sure you have a good hold on the load, tighten your stomach muscles and lift with your knees. During the lift, keep the load close to your body and your feet shoulder width apart. If an object is too heavy, or awkward in shape, make sure you have someone around who can help you lift. Additionally, a back support belt can be used to help maintain a better lifting posture.</p> <p>Lifting manhole covers may be necessary as a part of the outfall management activities. Use a manhole hook or crowbar to lift manhole covers.</p>
Vegetation	<p>Wooded areas that contain thick vegetation exist on the former Plainwell Mill property. Vegetation, such as poison ivy, poison oak, and poison sumac, can cause severe skin irritation and may be present. For protection against contact with these plants, clothing that limits skin exposure will be worn, and contact with vegetation should be avoided.</p>
Excavations	<p>Excavations will be in accordance with 1926 Subpart P. RMT will have a competent person on-site to monitor and inspect excavations. Employees will not be allowed in an excavation cavity while excavation activities are taking place. Use caution when excavating around outfall structures along the banks.</p>
Energized Sources/Lock Out, Tag Out	<p>Employees will follow lock out/tag out procedures when performing maintenance on project vehicles and equipment. Only employees trained in lock out/tag out will be allowed to perform equipment maintenance.</p>
Unknown hazards along the banks	<p>Potential hazards include construction debris, abandoned piping, unidentified chemicals, etc. Use extreme caution when working along the banks and follow all health and safety procedures.</p>
Outfall/sewer/manhole investigations	<p>Do not enter sewers or manholes under any circumstances. Use proper lifting techniques and equipment (as described above) when moving manhole covers. Use caution when working around open manholes. Ensure manhole covers are replaced once work is finished; do not leave manholes open and unattended. If working on or near the water, follow the requirements listed above. For smoke testing, review and follow the manufacturers operating instructions for the smoke producing device.</p>

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Site Specific Physical Hazards

HAZARD	SPECIFIC CONTROL MEASURE
Abandoned outfall/manhole demolition	Where necessary abandoned outfall structures and corresponding external structures that protrude above grade may be demolished. The demolition will take place using a backhoe. Employees should stay clear of demolition activities. Additionally, below grade piping for abandoned outfalls will be filled in with bentonite, concrete or a similar material. Follow the manufactures precautions when using these materials.

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Other Common Physical Hazards

(modify as needed, but include with all project hazard assessments)

<input checked="" type="checkbox"/>	PHYSICAL HAZARD	GENERAL CONTROL MEASURE
<input checked="" type="checkbox"/>	Briars or Thistles	Be aware of any briars or thistles on site. Wear appropriate clothing and gloves. Avoid contact with briars or thistles whenever possible.
<input checked="" type="checkbox"/>	Chain Saws	Stay clear of any chain saw operations. Subcontractor is responsible for the safe use of chain saws on site.
<input checked="" type="checkbox"/>	Cold Stress	Work schedules may be modified when temperatures are below 20° F as measured by the wind chill factor. Take frequent breaks to warm up. Drink plenty of fluids. Wear appropriate clothing, and monitor for cold stress symptoms (frostbite, hypothermia, etc.).
<input checked="" type="checkbox"/>	Cutting Tools	Stay clear of contractors' cutting tools, especially saws and torches. Be aware that cutting operations could create other hazards, such as falling objects, or shifting materials, etc. Safety glasses should be worn while using cutting tools. Spark-proof tools should be used when working in areas of potential explosive or flammable conditions.
<input checked="" type="checkbox"/>	Dust/Particulates (PNOR)(Particulates Not Otherwise Regulated) (OSHA PEL = 15 mg./m ³ , total) (OSHA PEL = 5 mg./m ³ , respirable)	For general dust, work should be performed up-wind if possible. <u>If conditions warrant it</u> , monitoring should be done with a PM-10. Monitoring should occur at least 3 times per day, and every time re-entering the site. Readings should be taken downwind from the work area or inside the equipment as indicated by the conditions on site. If the OSHA PEL is exceeded, or is likely to be exceeded, engineering or administrative controls should be used, or a dust respirator must be worn. For hazardous dusts, a detailed air monitoring plan and a respiratory protection plan should be developed for the site activities.
<input checked="" type="checkbox"/>	Energized Sources (electrical equipment or hookups, lines, etc.) (Lockout/Tagout)	Contractors for all electrical activities, and any facility equipment with moving parts should follow proper lock-out/tag-out procedures, and only properly trained employees will perform the work. Employees will not perform any lock-out/tag-out activities unless personnel are properly trained in lockout/tagout procedures. Heed any caution signs or labels.
<input checked="" type="checkbox"/>	Evening Work	If work is performed during the evening hours, work shall be limited by the availability and the quality of artificial lighting. Care should also be taken to avoid slip, trip, and fall hazards that are not as easy to identify during low light conditions.
<input checked="" type="checkbox"/>	Field Equipment	If field equipment is heavy or awkward to carry, get assistance or use carts to help move around the site.
<input checked="" type="checkbox"/>	Field Vehicle	RMT personnel shall follow all applicable state and federal traffic laws while traveling to and from the site, and while working on the site. In particular the following laws should be followed: speed limits, parking restrictions, use of wipers and lights during precipitation events, limiting cell phone use, etc. It is the responsibility of the driver to verify that all safety equipment on the vehicle is working properly before they drive the vehicle. In particular the following items should be checked: tire pressure, tire tread, windshield wipers, windshield washer, headlights, tail lights, brake lights, spare tire, fire extinguisher, first aid kit, etc.
<input checked="" type="checkbox"/>	Flying Debris/ Eye Injuries	Be aware of any flying debris on site and wear protective eyewear when necessary.
<input checked="" type="checkbox"/>	Hand Tools	Use only the appropriate tool for the task at hand. Use the tool(s) as designed, described, and intended by the manufacturer.
<input checked="" type="checkbox"/>	Heat Stress	The work schedule may be modified if the ambient temperature is more than 80° F. Take breaks as necessary, and drink plenty of fluids. If necessary, wear sunscreen and sunglasses on bright days. Monitor site personnel for signs of heat stress symptoms (heat rash, heat cramps, heat exhaustion, or heat stroke).

Risk Analysis (RA)

(Required for all RMT Type 2 or Type 3 field projects.)

Other Common Physical Hazards

(modify as needed, but include with all project hazard assessments)

<input checked="" type="checkbox"/>	PHYSICAL HAZARD	GENERAL CONTROL MEASURE
<input checked="" type="checkbox"/>	Heavy Equipment.	Contractor is responsible for safe operation of equipment. All mobile heavy equipment must have a functioning backup alarm, and operators must comply with equipment manufacturer's instructions. Maintain proper distance and remain in line of sight of operator and out of reach of equipment. Isolate equipment swings, if possible. Make eye contact with the equipment operator before approaching the equipment. Understand and review hand signals, and wear orange safety vest, if necessary.
<input checked="" type="checkbox"/>	Heavy Lifting	Use proper lifting procedures and equipment when handling heavy objects such as drums, manhole covers, tank covers, etc.
<input checked="" type="checkbox"/>	Housekeeping	All field vehicles, job trailers, and field offices will be properly cleaned and organized to prevent cluttered work and storage areas.
<input checked="" type="checkbox"/>	Insects (ticks, bees, spiders, etc.)	Site workers with known allergies to insect bites should carry their own medication. In case of emergencies, inform fellow workers of any severe allergies. Use insect repellant as necessary, and as specifically allowed on site. If possible, wear long-sleeved shirts and pants. If appropriate, check for ticks at the end of each day. Have other appropriate first aid supplies handy for bites.
<input checked="" type="checkbox"/>	Irate Neighbors	Be aware of the potential for irate neighbors or outsiders that may interfere with work activities, or that may potentially damage equipment or on-site materials, etc.
<input checked="" type="checkbox"/>	Long Hours/Fatigue	Long work hours can lead to fatigue, and fatigue can lead to the physical inability to perform the work in a safe manner, or travel to, or from, a work site in a safe manner. If long work hours are scheduled, or if the scheduled work takes longer than planned, field staff should determine if fatigue is, or will be, an issue. Field staff should evaluate whether they are able to complete the work in a safe manner, or whether they are able to travel in a safe manner. If fatigue is an issue, appropriate breaks should be planned or taken, including overnight stays when necessary.
<input checked="" type="checkbox"/>	Material Handling	Move containers and heavy material only with the proper equipment, and secure them to prevent dropping, falling, or loss of control during transport. Stay clear of material handling operations, especially near slopes. Do not stand down the slope from equipment, supplies or materials being moved above on the slope, or being deployed onto the slope.
<input checked="" type="checkbox"/>	Noise	Hearing protection must be worn when noise levels exceed 85 dBA in the work area. If you need to raise your voice to be heard at the work site, then hearing protection should be worn. Hearing protection will be worn near drill rigs.
<input checked="" type="checkbox"/>	Overhead Hazards	Pay attention to overhead equipment, piping, and structures. A hard hat must be worn at all times when overhead hazards are present on site.
<input checked="" type="checkbox"/>	Poisonous Plants	Be able to identify any local poisonous plants and avoid them if possible, or wear protective clothing as necessary. When removing potentially exposed clothing or PPE, the clothing or PPE should be carefully and thoroughly washed or decontaminated.
<input checked="" type="checkbox"/>	Power Washing Equipment	Stay clear of the power washing nozzles and equipment.
<input checked="" type="checkbox"/>	Sample Preservative Chemicals:	Wear safety glasses and nitrile gloves when adding preservative chemicals to sample bottles or vials. Have clean wash water near by.
<input checked="" type="checkbox"/>	Severe Weather	Work may be suspended if dangerous weather conditions (lightening, tornadoes, high winds, heavy rain, freezing rain, etc.) occur. Be aware of changing weather conditions, and be prepared to take shelter as necessary. Potential shelters should be identified prior to beginning work.

Risk Analysis (RA)

(Required for all RMT Type 2 or Type 3 field projects.)

Other Common Physical Hazards

(modify as needed, but include with all project hazard assessments)

<input checked="" type="checkbox"/>	PHYSICAL HAZARD	GENERAL CONTROL MEASURE
<input checked="" type="checkbox"/>	Sharp Objects	Wear appropriate gloves when handling sharp objects, or use appropriate equipment to move objects.
<input checked="" type="checkbox"/>	Slippery Ground/Surfaces	Exercise caution, especially on slopes, field trailer floors and stairs, after a precipitation event. Use slip resistant boots, or implement surface preparations to eliminate the slippery nature of the surface prior to accessing the area. Spill control measures and general housekeeping should be utilized to help prevent slipping on wet floors, wet pavement, and general work areas.
<input checked="" type="checkbox"/>	Slips, Trips, and Falls:	Maintain clear walkways for work areas.
<input checked="" type="checkbox"/>	Steep Slopes or Banks	Pay attention to footing and walking. Stay a safe distance from unstable or extremely steep slopes. Wear appropriate footwear. Be aware of potential slope or bank failures. Heavy equipment should not be operated on or near unstable slopes or banks.
<input checked="" type="checkbox"/>	Sunburn	For extended periods of time outdoors on sunny days, sunglasses, long-sleeved shirts and long pants should be worn to help prevent sunburn and eye problems. Wear sunscreen as appropriate for the project.
<input checked="" type="checkbox"/>	Surface Water	Working next to or on, bodies of water shall be done using the buddy system. Staff shall wear USCG-approved personal floatation devices when on or adjacent to bodies of water.
<input checked="" type="checkbox"/>	Terrain	Uneven or steep terrain can cause hazardous conditions for walking and transporting equipment around the site. Site personnel should use caution when working on uneven surfaces, and they should avoid working down-slope from heavy equipment, or materials being moved or stored.
<input checked="" type="checkbox"/>	Traffic (client, contractors, public, semi-trucks, forklifts, etc.)	Obey all posted speed limits. Park in designated areas only. Be aware of traffic patterns on site, and during access to the site. Use orange traffic cones and barrier warning tape, as needed, or if within 25 feet of the right-of-way. RMT personnel must wear orange safety vests when working in or near traffic areas..
<input checked="" type="checkbox"/>	Trip Hazards (wires, cords, hoses, debris, corn stubble, uneven surfaces, etc.)	Temporary wires, cords, hoses, etc., should be properly located, marked, and protected to help prevent tripping and disruption to work activities. Trip hazards are particularly a problem early in the morning, late in the day, or under other poor lighting conditions.
<input checked="" type="checkbox"/>	Uneven Surfaces	Be aware of uneven walking or driving surfaces and exercise caution when moving around the site.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

1. General Information

Client Name: Weyerhaeuser Company Project #: 5130.03 Task #:
Project Name: Plainwell Mill Banks Emergency Project Manager: Jim Hutchens
Action
Prepared By: Kevin Kyrias-Gann Date: August 27, 2007
Approved By: (PM) Approved By: (HSC)
Jim Hutchens Tim Petrick
Date: Date:

Proposed Date(s) of RMT Work: 9/15/07 through 11/15/07

ON-SITE PROJECT TEAM MEMBER	ON-SITE PROJECT RESPONSIBILITIES
Kevin Kyrias-Gann or on-site designee	RMT Site Health and Safety Representative (Supervisor)
Nathan Weber	Project Engineer
John Rice	Project Hydrogeologist
NA	Project Technical Coordinator
NA	Project Scientist
Jennifer Overvoorde	Observation and Documentation
Nathan Weber or on-site designee	Soil Sampling
NA	Groundwater Sampling
Subcontractor	Surveying
Dave Pratt	Competent person for excavations

⁽¹⁾ Field projects will be audited for H&S compliance if they meet the requirements of the audit program.

Any required construction/demolition activities: ☒ No ☐ Yes If Yes, complete Section 2

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

2. Construction Tasks: [work tasks to be performed by RMT staff or RMT subcontractors]

Civil

- ☐ Sewer (utility)
- ☐ Water (utility)
- ☐ Electric (utility)
- ☐ Communications (utility)
- ☐ Siding
- ☐ Roofing
- ☐ Drywall
- ☐ Flooring
- ☐ Ceilings
- ☐ Casework
- ☐ Masonry
- ☐ Escalator

- ☐ Steel (erection)
- ☐ Pre-cast (erection)
- ☐ Concrete (erection)
- ☐ Re-bar
- ☐ Elevator
- ☐ Fireproofing
- ☐ Windows
- ☐ Landscaping
- ☐ Painting
- ☐ Insulation
- ☐ Doors
- ☐ Finish Concrete

Mechanical

- ☐ Insulation
- ☐ Millwright
- ☐ Fire Protection
- ☐ Boiler
- ☐ Industrial Ventilation
- ☐ Steel Fabrication/Erection

Other

- ☐ Electrical
- ☐ Demolition (attach a detailed "Demolition Plan")

☒ Others Outfall abandonment - this task is expected to consist of removing above grade features and either continued removal of below grade outfall structures or filling several feet of the outfall discharge pipe with concrete.

☐ Others

☐ Others

Estimated Direct-Hire RMT Employees:

Home Office: ☒ Not Applicable ☐ Specify:

Craft Labor: ☒ Not Applicable ☐ Specify:

Craft

Quantity

Craft

Quantity

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

3. Applicable Safety Standards or Regulations:

☒ Federal OSHA

☐ State OSHA

☐ Owner/Client

Specific Standards:

29 CFR 1910 (OSHA)

29 CFR 1926 (Other Regulations)

<input checked="" type="checkbox"/> Medical Services and First Aid	1910.151	1926.50
<input checked="" type="checkbox"/> Hazard Communication (HAZCOM)	1910.1200	1926.59
<input type="checkbox"/> Lead Exposure	1910.1025	1926.62
<input checked="" type="checkbox"/> HAZWOPER	1910.120	1926.65
<input checked="" type="checkbox"/> Personal Protective Equipment (PPE)	1910.132-138	1926.95-107
<input type="checkbox"/> Respiratory Protection	1910.134	1926.103
<input type="checkbox"/> Ventilation	1910.94	1926.57
<input checked="" type="checkbox"/> Noise Exposure	1910.95	1926.52
<input type="checkbox"/> Illumination	N/A	1926.56
<input type="checkbox"/> Fire Protection	1910.157	1926.24 and 150-155
<input type="checkbox"/> Sanitation	1910.141	1926.51
<input type="checkbox"/> Materials Handling (rigging, etc.)	1910.176	1926.250-251
<input type="checkbox"/> Welding/Cutting	1910.251-255	1926.350-354
<input checked="" type="checkbox"/> Lockout/Tagout	1910.147	1926.417
<input type="checkbox"/> Electrical (flexible cords, etc.)	1910.305	1926.400-449
<input type="checkbox"/> Scaffolding	1910.28-29	1926.450-454
<input type="checkbox"/> Fall Protection (elevated work)	1910.23-29, 1910.66-68	1926.104-107; 500-503
<input type="checkbox"/> Ladders/Stairways	1910.25-27	1926.1050 and 1060
<input type="checkbox"/> Cranes, Derricks, Hoists, Elevators, etc.	1910.179-181	1926.550-555
<input type="checkbox"/> Aerial Lifts	1910.66-68	1926.556
<input checked="" type="checkbox"/> Earth Moving Equipment	N/A	1926.602
<input type="checkbox"/> Powered Industrial Trucks (forklifts)	1910.178	1926.602
<input type="checkbox"/> Excavations and Trenching	N/A	1926.650-652
<input type="checkbox"/> Concrete and Masonry	N/A	1926.700-706
<input type="checkbox"/> Steel Erection	N/A	1926.750-761
<input type="checkbox"/> Demolition	N/A	1926.850-860
<input type="checkbox"/> Asbestos	1910.1001	1926.1101
<input type="checkbox"/> Confined Space Entry	1910.146	1926.21
<input type="checkbox"/> Commercial Diving	1910.401-441	1926.1071-1092

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

<input type="checkbox"/> Compressed Gases	1910.101-105	N/A
<input type="checkbox"/> Ionizing Radiation	1910.1096	1926.53
<input type="checkbox"/> Benzene	1910.1028	1926.1128
<input type="checkbox"/> Cadmium	1910.1027	1926.1127
<input checked="" type="checkbox"/> Tools - Hand and Power	N/A	1926.300-307
<input type="checkbox"/> Blasting and Using Explosives	N/A	1926.900-914

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

4. Training Required (* required for all "Type 3" sites; but minimum recommended)

Check "A" if training required for everyone, and check "T" if training required for specific task.

A	T	SUBJECT	REFERENCE	
			29 CFR 1910	29 CFR 1926 or Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAZWOPER 40 hour*	1910.120	1926.65
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3-Day HAZWOPER Supervised On-Site*	1910.120	1926.65
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8-Hour HAZWOPER Refresher*	1910.120	1926.65
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8-Hour Supervisor HAZWOPER*	1910.120	1926.65
<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid, CPR*	1910.151	1926.23,.50
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection	1910.134	1926.103
<input type="checkbox"/>	<input type="checkbox"/>	Confined Space <input type="checkbox"/> Permit attached	1910.146	1926.21
<input type="checkbox"/>	<input type="checkbox"/>	Mine Safety (MSHA)	N/A	30 CFR 48.8
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lockout/Tagout <input type="checkbox"/> Permit attached	1910.147	1926.417
<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens	1910.1030	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noise Exposure	1910.95	1926.52
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent Person	N/A	1926.32,.450,.650
<input type="checkbox"/>	<input type="checkbox"/>	Construction Health and Safety OSHA 10-Hour	N/A	1926.21
<input type="checkbox"/>	<input type="checkbox"/>	Demolition	N/A	1926.850
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavations <input type="checkbox"/> Permit attached	N/A	1926.650-652
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Work	1910.332	1926.400-.449
<input type="checkbox"/>	<input type="checkbox"/>	Ladders/Stairways	N/A	1926.1050-1060
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding	1910.28	1926.450-454
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection	1910.23-29; 1910.66-68	1926.104,.501
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Diving	1910.410	1926.1071-1092
<input type="checkbox"/>	<input type="checkbox"/>	Hot Work <input type="checkbox"/> Permit attached	1910.251-255	1926.350
<input type="checkbox"/>	<input type="checkbox"/>	Lead Awareness	1910.1025	1926.62
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Awareness	1910.1001	1926.1101
<input type="checkbox"/>	<input type="checkbox"/>	Cadmium	1910.1027	1926.1127
<input type="checkbox"/>	<input type="checkbox"/>	Benzene	1910.1028	1926.1128
<input type="checkbox"/>	<input type="checkbox"/>	Ionizing Radiation	1910.1096	1926.53; 10 CFR 19.12
<input type="checkbox"/>	<input type="checkbox"/>	Troxler or NITON Gauge User	1910.1096	10 CFR 19.12
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety Program	1910.1096	10 CFR 20.1101
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazard Communication (HAZCOM)	1910.1200	1926.59
<input type="checkbox"/>	<input type="checkbox"/>	DOT Hazardous Materials Shipping	1910.1201	49 CFR 172.704

Client-specific training: ☒ Not Applicable ☐ Specify

Site-specific orientation: ☐ Not Applicable ☒ Specify

Daily H&S Meetings prior to start of work

Competent person: ☐ Not Applicable ☒ Excavations

Direct-hire employee training/certification: ☒ Not Applicable ☐ Specify

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

5. Medical Surveillance

Surveillance Required: * required for all "Type 3" sites; baseline is minimum recommended

** Specify frequency below

	29 CFR 1910	29 CFR 1926 or Other
<input checked="" type="checkbox"/> HAZWOPER Physical - Baseline*	1910.120	1926.65
<input checked="" type="checkbox"/> HAZWOPER Physical - Annual	1910.120	1926.65
<input checked="" type="checkbox"/> HAZWOPER Physical - Biennial*	1910.120	1926.65
<input type="checkbox"/> OSHA Respiratory Protection Questionnaire	1910.134	1926.103
<input type="checkbox"/> Respiratory Certification Exam	1910.134	1926.103
<input type="checkbox"/> Arsenic (urine) **	1910.1018	N/A
<input type="checkbox"/> Asbestos **	1910.1001	1926.1101
<input type="checkbox"/> Cadmium (blood) **	1910.1027	1926.1127
<input type="checkbox"/> Lead/ZPP (blood) **	1910.1025	1926.62
<input type="checkbox"/> Mercury (blood) **	N/A	N/A
<input type="checkbox"/> PCB **	N/A	N/A
<input type="checkbox"/> Vinyl Chloride **	1910.1017	1926.117
<input type="checkbox"/> Hepatitis B Vaccine (series) **	1910.1030	N/A
<input type="checkbox"/> Tetanus/Diphtheria	N/A	Stay Current
<input type="checkbox"/> Stress Test	N/A	Only as requested
<input type="checkbox"/> Visual Acuity Test	N/A	Only as requested
<input type="checkbox"/> Hearing Test (Audiometry)	N/A	Only as requested
<input type="checkbox"/> Pulmonary Function	N/A	Only as requested

Client-specific drug testing¹: ☒ Not Applicable ☐ Specify

Client-specific medical monitoring¹: ☒ Not Applicable ☐ Specify

Site-specific medical monitoring: ☒ Not Applicable ☐ Specify

**Frequency of medical monitoring: ☒ Not Applicable ☐ Specify

¹ Client required drug testing or medical monitoring should be coordinated through the CHSM.

Note: RMT has a "Drug and Substance Abuse" policy (#45). RMT may require employees or subcontractors to be tested upon reasonable suspicion, following accidents or incidents during work activities, or during travel to or from a project site. Client policies may be more strict in regard to procedures following an accident. Project managers must be aware of these and inform employees and subcontractors of any additional requirements.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

6. Personal Protective Equipment (PPE)

Based on evaluation of potential hazards, the following levels of personal protection have been designated for the applicable work tasks:

Specific RMT Job Task or Function	Minimum Level of Protection			
RMT Site Visitors—Must be escorted	<input checked="" type="checkbox"/> D			
Placing silt curtains in the river along the banks.	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI) Other: Insulated clothing when temperatures are below 40 degrees, class 1 or 2 PFD, buddy system, waders; USCG floatation device (i.e., vest)				
Operator excavating soil/sediment/residuals from the banks and floodplain areas	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Ear plugs/muffs; Hard hat (ANSI); Orange safety vest; USCG floatation device (i.e., vest); PFD must be class I or II				
Reworking excavated banks and placing fill/rip-rap as necessary	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI); Orange safety vest; USCG floatation device (i.e., vest); PFD must be class I or II				
Sampling excavation areas	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI); Butyl rubber gloves; Orange safety vest				
Placing monitoring equipment	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Orange safety vest; USCG floatation device (i.e., vest); PFD must be Class I or II, waders				
Sampling surface water	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Nitrile gloves; Orange safety vest; USCG floatation device (i.e., vest); PFD must be Class I or II				
Decontaminating trucks/equipment	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Ear plugs/muffs; Hard hat (ANSI) Other: During hot weather closely monitor personnel wearing tyvek suits and allow frequent breaks; Full-face shield; Butyl rubber gloves; Tyvek® or equivalent suit				
Spotter for excavation equipment used around high voltage wires	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Ear plugs/muffs; Hard hat (ANSI); Orange safety vest				
Observe and Document excavation activities	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Ear plugs/muffs; Hard hat (ANSI); Orange safety vest				
Sampling wastewater treatment system	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI); Nitrile gloves; Orange safety vest				
Plugging abandoned outfalls	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI) Other: Type 1 or 2 PFD; as required by the material manufacturer; USCG floatation device (i.e., vest)				
Performing the outfall investigation	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI) Other: USCG type 1 or 2 PFD when working near the water; Orange safety vest				

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

Specific RMT Job Task or Function	Minimum Level of Protection			
General site-wide PPE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Level D: Safety glasses (ANSI); Safety shoes (ANSI); Hard hat (ANSI) Other: Use additional PPE as required above for specific tasks; Orange safety vest				

Criteria for changing protection levels are as follows:

EVACUATION ⁽²⁾ or PROTECTION LEVEL CHANGE ⁽³⁾ CRITERIA	APPROVALS REQUIRED ⁽¹⁾		
	HSR	HSC	CHSM
Site Evacuation Plan: <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Specify or Attach Plan: The site will be evacuated if there is a threat of severe weather (i.e. lightning, thunderstorm, tornado, etc). If there is a severe weather watch for the area, work will cease and employees will report back to the job trailer. If there is a severe weather warning for the area, employees should evacuate to the mill building if working in zones A or B, or the Plainwell wastewater treatment plant if working in zone C or D.			
Change to Level D when: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Specify	<input type="checkbox"/>		
Change to Level C when: <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Dust levels are greater than 15 mg/m3 above the background reading taken prior to work commencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to Level B when: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to Level A when: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ HSR: Health & Safety Supervisor On Site

HSC: Health & Safety Coordinator

CHSM: Corporate Health & Safety Manager

⁽²⁾ General Recommendations: Evacuate the area when LEL readings are >10% LEL in the atmosphere, or when PID readings are greater than the PEL in the breathing zone.

⁽³⁾ General Recommendation: To Level C when PID readings are greater than the PEL in the breathing zone. To Level B or A only after detailed evaluation and planning.

Note: Changes to the level of protection shall be made only after the required approvals are obtained. All changes shall be recorded in the field log and reported to the Project Manager as soon as possible. RMT's H&S goal is to avoid using respiratory protection unless it is absolutely necessary or required. Administrative controls or engineering controls should always be considered as a means to reduce potential exposures, before PPE is required or considered.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

7. Air Monitoring⁽¹⁾

The following monitoring instruments shall be used on site to measure airborne contaminant concentrations in Either the breathing zone, or as part of the overall site **Air Monitoring Plan** (attach detailed plan):

MONITORING EQUIPMENT	LOCATION OF MONITORING	FREQUENCY OF MONITORING	ACTION LEVELS
<input type="checkbox"/> Combustible Gas Indicator	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Monitoring Plan Attached <input type="checkbox"/> Confined Space <input type="checkbox"/> Specify	<input type="checkbox"/> Continuously when potential combustible gases or lack of oxygen are suspected. <input type="checkbox"/> Specify	5-10% LEL: continue with caution > 10 % LEL: evacuate the area <input type="checkbox"/> Specify
<input type="checkbox"/> O2 Monitor <input type="checkbox"/> CO Monitor <input type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Confined Space <input type="checkbox"/> Specify	<input type="checkbox"/> Continuously when excess oxygen (>22.5%) or lack of oxygen (<19.5%) are suspected. <input type="checkbox"/> Specify	< 19.5% Oxygen: evacuate the area; supplied air may be needed > 22.5% Oxygen: evacuate the area; potential fire hazard <input type="checkbox"/> Specify
<input type="checkbox"/> Colorimetric Tubes Type: _____ Type: _____ Type: _____	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Specify <input type="checkbox"/> Sample Container <input type="checkbox"/> Confined Space <input type="checkbox"/> Specify	<input type="checkbox"/> Periodically during sampling for analytical purposes only <input type="checkbox"/> Whenever noticeable odor is present <input type="checkbox"/> Specify	<input type="checkbox"/> Specify
<input type="checkbox"/> PID Lamp Needed: <input type="checkbox"/> 9.8 eV <input type="checkbox"/> 10.6 eV <input type="checkbox"/> 11.7 eV Calibration Gas: Isobutylene Correction Factor: _____	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sample Container <input type="checkbox"/> Confined Space <input type="checkbox"/> Specify	<input type="checkbox"/> Periodically during sampling for analytical purposes only <input type="checkbox"/> Specify <input type="checkbox"/> Specify	<input type="checkbox"/> Specify
<input type="checkbox"/> FID	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Specify	<input type="checkbox"/> Specify	<input type="checkbox"/> Specify

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

<input checked="" type="checkbox"/> Mini-RAM	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> In or near the breathing zone of affected employees (operators, samplers, etc.)	<input checked="" type="checkbox"/> Take a baseline reading prior to work and then periodic (every 15 minutes) monitoring whenever significant or prolonged dust levels are observed.	<input type="checkbox"/> Should levels increase to 15 mg/m ³ or more above background readings for greater than 5 minutes sustained, protection levels should be examined and administrative controls be applied prior to upgrading PPE. Once particulate levels fall to less than 15 mg/m ³ for more than 15 minutes continuously, level changes (if utilized) may be downgraded upon approval from the site H&S representative.
<input type="checkbox"/> Other:	<input type="checkbox"/> Specify	<input type="checkbox"/> Specify	<input type="checkbox"/> Specify
<input type="checkbox"/> Laboratory Supported <input type="checkbox"/> Personal <input type="checkbox"/> Area <input type="checkbox"/> Perimeter	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Specify	<input type="checkbox"/> Specify	<input type="checkbox"/> Specify

⁽¹⁾ Whenever air monitoring is required to be performed, a detailed Air-Monitoring Plan should be developed and attached to the HSP. The plan should include **Monitoring Locations**, **Frequency of Readings**, and any **Action Levels** being used to control the work site.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

8. Site Controls and Work Zones (describe in detail)

Facility Alarms or Signals: ☒ Not Applicable ☐ Specify

Work Permits Required: ☒ Not Applicable ☐ Specify

Work Traffic Issues: ☐ Not Applicable ☒ Traffic areas will be identified and conveyed to employees and visitors to the site. All traffic issues will be coordinated between RMT and the City of Plainwell.

Parking Issues: ☒ Not Applicable ☐ Specify

Railway Traffic Issues: ☒ Not Applicable ☐ Specify

Support Zone(s):

☐ RMT field vehicle ☒ Job Trailer On Site ☐ Other:

Contamination Reduction Zone(s):

☐ Field vehicle ☐ Facility restroom/utility room ☒ Other: Section of the dewatering/staging pad. See attached figure.

Exclusion Zone(s):

☒ Area immediately surrounding work area ☒ Other: See attached figure.

Exclusion zones will be marked with caution tape or temporary fencing in the field.

Site Entry Procedures:

- ☒ Notify Site H&S Representative.
- ☒ Read H&S Plan and sign Acknowledgment Statement
- ☐ Check in with the facility contact person ☐ Specify
- ☐ Check in with facility security guard. ☐ Specify
- ☒ Wear proper personal protective equipment.
- ☐ Attend facility orientation ☐ Specify
- ☒ Conduct daily safety meeting (document).
- ☐ Other: ☐ Specify

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

Decontamination Procedures:

Personnel: Any working in or entering the exclusion zone

For work performed in Level D or Modified Level D, where minimal contamination is expected, follow standard decontamination procedures, and good personal hygiene. Disposable PPE should be removed, contained, and disposed in an appropriate manner. Wash water and soap will be available at the site in the contamination reduction zone (see work zone map). Site workers should wash hands and any exposed skin extremely well with soap and water, prior to leaving the contamination reduction zone, eating, drinking, driving, or leaving the site. Any soiled or contaminated clothing should be removed and handled appropriately. Loose material should be removed with brushes available in the contamination reduction zone. Highly soiled clothing should be removed and washed with the power washer or if necessary contained and disposed in an appropriate manner. Soiled or contaminated clothing should be carefully bagged prior to disposal or washing, to reduce potential exposure.

Equipment: Any equipment used in the exclusion zone

Site workers should plan and stage for the appropriate decontamination method at the site, prior to beginning the work. Any contaminated single-use disposable equipment or PPE should be appropriately containerized and disposed as soon as possible in an appropriate manner. Contaminated equipment or PPE that will be re-used should be handled and cleaned while wearing the appropriate PPE. Equipment should be decontaminated in the truck decontamination area using the power washer.

Disposal of Investigation-derived Material:

- ☐ Leave on site for disposal. ☒ Other: NA

Work Limitations (time of day, buddy system, etc.):

- ☒ Buddy system required for some tasks All work on banks along the river
☒ Work will be performed during daylight hours only
☐ Work will be performed using artificial light.

Describe or attach a lighting plan:

- ☒ No eating, drinking, or smoking in contamination reduction zone(s) or exclusion zone(s)
☒ When temperatures are either above 80°F or below 20°F, work schedules may be modified
☒ Other site-specific limitations: Employees will wear a PFD when working nearing the top of bank, along the banks or in or on the river.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

Radiation Safety:

- ☒ Radiation information is not applicable to this project.
- ☐ Notify RSO.
- ☐ Wear dosimeter badge when handling gauge.
- ☐ Post applicable radiation signs and documents.
- ☐ Post emergency numbers.
- ☐ Provide at least two lock systems for overnight storage.
- ☐ Maintain storage at least 15 feet from full-time workstations.
- ☐ Block, brace, and securely lock the gauge during "all" transportation.
- ☐ Limit "public" exposure to gauge while in use.
- ☐ Provide sketch of gauge storage to RSO.

Site Health & Safety Plan

(Required for all RMT Type 2 or Type 3 field projects.)

Acknowledgment Statement:

As an employee of RMT, Inc., I have reviewed the Hazard Assessment (HA)/Health & Safety Plan (HSP). I hereby acknowledge that I have received the required level of training and medical surveillance, that I am knowledgeable about the contents of this site-specific RA/HSP, and that I will use personal protective equipment (PPE) and follow procedures specified in the HSP.

Signatures of RMT Site Personnel:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Health and Safety Field Audit Documentation:

If this project has been selected as a field audit candidate, the auditor will review a copy of this RA/HSP and make comments, edits, additions, or deletions on the copy. The audit copy of this document will then be forwarded to the office HSC for review. After review, the HSC will then forward the copy to the Project Manager for review and filing.

_____	(auditor)	Date: _____
-------	-----------	-------------

RMT Project/Field Safety Audit Form

Project Name: _____

Office Location: _____

Project Number: _____

Date of Audit: _____

General		Yes	No	N/A	Corrective Action Notes
1	For RMT projects with temporary offices, are OSHA and job-site warning posters posted and are job-site injury records kept?				
2	Are all RMT personnel current on training requirements (i.e., 40-Hour HAZWOPER, 8-Hour Refresher)?				
3	Is training documentation for RMT employees available on site?				
4	Are appropriate RMT personnel current with medical surveillance protocol?				
5	Is at least one RMT employee on site currently trained in CPR and First Aid?				
6	Is there a stocked first aid kit located near/in job trailers?				
7	Are all containers labeled to clearly identify their contents?				
8	Are hot work zones established for hazardous waste operation and enforced?				
9	Are compressed gas cylinders being used on site properly secured?				
10	Are daily, pre-work safety meetings being held?				
RMT Subcontractors					
11	Were subcontractors qualified for the project by using RMT's subcontractor H&S Qualification form?				
12	Are subcontractors using appropriate personal protective equipment to protect their employees?				
13	Have all non-RMT employees on site been informed as to possible hazards?				
14	Does the subcontractor have a stocked first aid kit in their job trailer?				
RMT H&S Plan					
15	Has the H&S plan been reviewed and signed by all on-site RMT personnel?				
16	Are H&S procedures listed in the RMT H&S plan being followed by RMT personnel?				
17	Does the RMT H&S plan address all apparent hazards at this site?				
18	Is the RMT H&S plan specific to the Project operations/RMT project responsibilities?				
19	Is appropriate PPE identified on the RMT H&S plan?				
20	Is the PPE being utilized by RMT personnel as directed in the H&S plan?				
21	Are medical facilities identified on the RMT H&S plan?				

Check Yes, No or N/A for each item

For all non-compliant responses, enter description and corrective action(s) on notes page

RMT Project/Field Safety Audit Form

Project Name: _____

Office Location: _____

Project Number: _____

Date of Audit: _____

Hazard Communication		Yes	No	N/A	Corrective Action Notes
22	Are MSDSs for RMT-supplied materials available?				
23	Are MSDS for subcontractor-supplied materials available?				
24	Have employees received hazard communication training?				
25	Are hazardous substances clearly marked?				
26	Is there an Emergency Response Plan in place in case of unintentional release (i.e., spill kit)?				
Fire Protection/Prevention					
27	Is fire-fighting equipment available and in proper working condition?				
28	Have RMT personnel been trained in use of fire-fighting equipment?				
29	Are "no smoking" signs posted in appropriate locations?				
Electrical/Power Tools					
30	Are electrical dangers posted?				
31	Are ground fault circuit interrupters used?				
32	Are terminal/discount/breaker dead front boxes equipped with covers?				
33	Have known underground/overhead utilities been identified and clearly marked?				
34	Are power tools properly grounded or double insulated?				
35	Are mechanical ties and guards in use with power tools?				
36	Is there an appropriate Lockout/Tagout (LOTO) procedure in place?				
Ladders					
37	Are ladders inspected and properly maintained (e.g., not painted)?				
38	Are ladders properly secured to prevent slipping, sliding, or falling?				
39	Do side rails extend 36 inches above the top of the landing?				
40	Are stepladders fully open when in use?				
41	Are metal ladders being used around electrical equipment?				

Check Yes, No or N/A for each item

For all non-compliant responses, enter description and
corrective action(s) on notes page

RMT Project/Field Safety Audit Form

Project Name: _____

Office Location: _____

Project Number: _____

Date of Audit: _____

Scaffolding		Yes	No	N/A	Corrective Action Notes
42	Have employees received training in proper scaffold use?				
43	Is there a competent person on site?				
44	Are all connections secure and scaffold equipment in good working order?				
45	Is scaffold tied into structure when it exceeds 4 times the base width of the scaffold?				
46	Are working areas free of debris, snow, grease, ice?				
47	Are workers protected from falling objects?				
48	Is the scaffold plumb and square with cross-bracing?				
49	Are guard rails, intermediate rails, toe-boards, and end rails in place for scaffolds over 10 ft.?				
Manholes and Permit-Required Confined Space Entry					
50	Has access and egress been provided?				
51	Has an entry permit been obtained?				
52	Have hazards been properly identified?				
53	Is air monitoring equipment on site, appropriate, calibrated, and in use?				
54	Are areas being ventilated before entry and during occupation?				
55	Have entrant, attendant, and rescue personnel been identified?				
56	Is proper rescue equipment on site? Inspected?				
57	Is appropriate lighting provided?				
Motorized Vehicles					
58	Have operators received training?				
59	Are brakes, lights, horn, seat belts, backup lights or warning signals intact and functioning?				
60	Are personnel carried in a safe manner?				
61	Are fire extinguishers carried, if appropriate?				

Check Yes, No or N/A for each item

For all non-compliant responses, enter description and
corrective action(s) on notes page

RMT Project/Field Safety Audit Form

Project Name: _____

Office Location: _____

Project Number: _____

Date of Audit: _____

Excavations

		Yes	No	N/A	Corrective Action Notes
62	Are excavations inspected daily?				
63	Is there any excavation entry by RMT staff?				
64	Is the competent person overseeing the trenching excavation work on site?				
65	Is shoring, sloping or benching appropriate?				
66	Is access and egress provided for employees working in excavations of 4 feet or greater in depth?				
67	Are materials stored within 2 feet of the excavation?				
68	Is the excavation barricaded?				
69	Have soils been classified (if sloping and benching is used as the protective system for employees)?				

Water Safety

70	Are watercraft inspected before use for leaks, damage, etc.?				
71	Is necessary emergency gear (life jackets or rings, fire extinguishers, flares, etc.) available?				
72	Are employees trained on proper safety protocols involving wading and walking in water?				
73	Are employees using the "buddy system" when taking samples in water?				

Other Items

74					
75					
76					
77					
78					
80					

HSC Signature: _____

Date: _____

PM Signature: _____

Date: _____

Check Yes, No or N/A for each item

For all non-compliant responses, enter description and corrective action(s) on notes page

RMT Project/Field Safety Audit Form

Notes Page

[illegible]

HSC Signature:

Date:

PM Signature:

Date:

Daily Safety Meeting Sign-in

Daily Hazard Review Topic:

Briars or Thistles
Chain Saws
Cold Stress
Cutting Tools
Dust/Particulates (PNOR)(Particulates Not Otherwise Regulated)
(OSHA PEL = 15 mg./m3, total)
(OSHA PEL = 5 mg./m3, respirable)
Energized Sources (electrical equipment or hookups, lines, etc.,)
(Lockout/Tagout)
Evening Work
Field Equipment
Field Vehicle
Flying Debris/ Eye Injuries
Hand Tools
Heat Stress
Heavy Equipment
Heavy Lifting
Housekeeping
Insects (ticks, bees, spiders, etc.)
Irate Neighbors
Long Hours/Fatigue
Material Handling
Noise
Overhead Hazards
Poisonous Plants
Power Washing Equipment
Sample Preservative Chemicals
Severe Weather
Sharp Objects
Slippery Ground/Surfaces
Slips, Trips, and Falls:
Steep Slopes or Banks
Sunburn
Surface Water

Daily Safety Meeting Sign-in

Terrain

Traffic (client, contractors, public, semi-trucks, forklifts, etc.)

Trip Hazards (wires, cords, hoses, debris, corn stubble, uneven surfaces, etc.)

Uneven Surfaces

Acknowledgment Statement:

As an affected employee of RMT, Inc., I hereby acknowledge that I have reviewed the contents of this site-specific HSP and the **daily safety meeting topic**, and that I will use the applicable personal protective equipment (PPE) and follow the procedures specified in the HSP.

Signatures of all onsite RMT Personnel, including Direct-Hires (Required):

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Plot Data
 Design File: J:\05130\02\siteplan.plt
 Plot Date: Thu Aug 30 09:09:15 2007
 Plot File: J:\05130\02\siteplan.plt
 Pen Table: K:\CADNET\TBL\MSVDfont7000.plt
 Levels On: 1-163

Reference Files
 Ref File 1: J:\05130\02\mml.bmc
 Ref File 2: J:\05130\02\brnrm.dgn
 Ref File 3: J:\05130\02\brnrm.dgn
 Ref File 4: J:\05130\02\114758.dgn

Levels
 (1) 1-5.7-21.23-26.42
 (2) 1-63
 (3) 1-63
 (4) 1-63



LEGEND

APPROXIMATE EXTENT OF EMERGENCY ACTION
 (SEE FIGURES 4-7 FOR ZONE DETAILS)

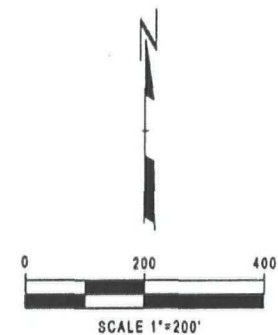
Exclusion Zone

Contamination Reduction Zone

Work Zone/ Truck Route

Support Zone/Trailer

Visitors Zone



PROJECT **WEYERHAEUSER PLAINWELL MILL BANKS
 EMERGENCY RESPONSE PLAN DESIGN REPORT
 PLAINWELL, MI**

SHEET TITLE
SITE WORK ZONES

DRAWN BY: tiebraut	SCALE: 1"=200'	PROJ. NO: 6130.02
CHECKED BY:	DATE PRINTED:	FILE NO: siteplan.plt
APPROVED BY:		
DATE: AUGUST 2007		

RMT.

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 Madison, WI 53717-1934
 P.O. Box 8923 53708-8923
 Phone: 608-831-4444
 Fax: 608-831-3334